

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Counsel Counsel for PHS
Prison Health Services
Attn: Kim Jay
105 Westpark Drive, Suite 200
Brentwood, TN 37027

A. Signature

X

B. Received by (Printed Name)

M. Sherry

☐ Agent☐ Addressee

C. Date of Delivery

7-26-07

Is address different from item 1? ☐ Yes
Enter delivery address below: ☐ No

070668
proc order
cmp

Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540